## Case 17-31463 Doc 36 Filed 03/04/20 Entered 03/04/20 12:15:13 Desc Main Document Page 1 of 5

Fill	in this information	to identify your ca	ase.					
	btor 1	Yuliana Y O						
	btor 2 buse, if filing)							
Uni	ited States Bankrup	otcy Court for the	: NORTHERN DISTRIC	CT OF ILLINOIS				
Cas	se number 17	-31463			Che	ck if this is:		
(If kr	nown)			-		An amende	d filing	
								ng postpetition chapter ollowing date:
0	fficial Form	<u> 1061</u>			į	MM / DD/ Y	YYY	
S	chedule I:	Your Inc	ome					12/15
spo atta	use. If you are sep ch a separate she	parated and you	r spouse is not filing wi	ng jointly, and your spous ith you, do not include info onal pages, write your na	ormation abou	ıt your spo	use. If m	ore space is needed,
1.	Fill in your emplinformation.	loyment		Debtor 1		Debtor 2	or non-f	iling spouse
	If you have more	•	Employment status*	☐ Employed		■ Emplo	oyed	
	attach a separate page with information about additional		Linployment status	■ Not employed	☐ Not employed			
	employers.		Occupation			Kitchen	worker	in restaurant
	Include part-time self-employed wo		Employer's name			The Ga	ge	
	Occupation may or homemaker, if		Employer's address				chigan <i>A</i> o, IL 606	
			How long employed t				years	
Do	d 2)	otoilo About Mar	thly looms	*See Attachme	ent for Additio	nal Emplo	yment Inf	formation
Par	Give De	etails About Mor	itnly income					
	mate monthly incurse unless you are		ate you file this form. If	you have nothing to report f	or any line, writ	te \$0 in the	space. In	clude your non-filing
	ou or your non-filing e space, attach a s			ombine the information for a	all employers fo	r that perso	n on the li	ines below. If you need
					For De	ebtor 1		btor 2 or ing spouse
2.	, ,	<b>O</b> /	ry, and commissions (be calculate what the monthle		2. \$	0.00	\$	1,187.00

Official Form 106I Schedule I: Your Income page 1

0.00

0.00

+\$

0.00

1,187.00

Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

Deb	tor 1	Yuliana Y Orozco	_	Cas	se number (if known)	17	-31463		
	Сор	y line 4 here	4.	<b>F</b>	or Debtor 1		or Debtor on-filing s		
5.	List	all payroll deductions:							
	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify:	5a 5b 5c 5d 5e 5f. 5g	. \$ \$ . \$ . \$ . \$	0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$ \$ \$ \$ \$ \$ \$ \$ +		117.00 0.00 0.00 0.00 54.00 0.00 0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$		171.00	<u>)</u>
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	1,	016.00	<u>)                                    </u>
8.	8a. 8b. 8c. 8d. 8e. 8f.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: Food stamps  Pension or retirement income  2nd Job at Cherry Circle Room  LLC	8c. 8d 8e	. \$ . \$ . \$	0.00 0.00 0.00 0.00 0.00 430.00 0.00	\$\$\$ \$\$\$ +		0.00 0.00 0.00 0.00 0.00 0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	430.00	\$		2,111.0	0
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	430.00 + \$	;	3,127.00	= \$_	3,557.00
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your refriends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not acify:	depe		•	-			0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies						\$	3,557.00
13.	Do y	you expect an increase or decrease within the year after you file this form  No.  Yes Explain:	?					Combi month	ned ly income

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Debtor 1 Yuliana Y Orozco	Case number (if known) 17-31463	
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## Official Form B 6I Attachment for Additional Employment Information

Spouse		
Occupation	Kitchen worker	
Name of Employer	Cherry Circle Room LLC	
How long employed	4 years	
Address of Employer	12 S Michigan Ave.	
	2nd Floor	
	Chicago, IL 60603	

Official Form 106l Schedule I: Your Income page 3

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Fill	in this informa	tion to identify y	our case:			l					
	tor 1	Yuliana Y O					c if this is:				
	Debtor 2 (Spouse, if filing)						<ul> <li>An amended filing</li> <li>A supplement showing postpetition chap</li> <li>13 expenses as of the following date:</li> </ul>				
Unit	ed States Bankr	uptcy Court for the	: NORTH	MM / DD / YYYY							
	e number 17	'-31463									
Of	fficial Fo	rm 106J									
So	chedule	J: Your	Exper	nses				12/15			
Be info	as complete a	and accurate as	s possible eded, atta	. If two married people a ach another sheet to this							
Par		ibe Your House	ehold								
1.	Is this a join										
	■ No. Go to □ Yes. <b>Doe</b>		in a separ	ate household?							
	□ No	-	st file Offic	ial Form 106J-2, <i>Expense</i>	s for Separate House	ehold of Debto	or 2.				
2.	Do you have	e dependents?	□ No								
	Do not list De Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?			
	Do not state dependents				Daughter		8	□ No ■ Yes			
					Son		12	□ No ■ Yes			
								□ No			
								☐ Yes ☐ No			
								☐ Yes			
3.	expenses of	enses include f people other t d your depende	han _	l No l Yes							
exp	imate your ex		our bankr	ly Expenses uptcy filing date unless y y is filed. If this is a sup							
the		n assistance an		government assistance cluded it on Schedule I:			Your exp	enses			
4.		r home owners		nses for your residence. or lot.	Include first mortgag	e 4. \$		800.00			
	If not includ	ed in line 4:									
	4a. Real e	state taxes				4a. \$		0.00			
	4b. Proper	rty, homeowner'				4b. \$		0.00			
		maintenance, re owner's associa		upkeep expenses		4c. \$ 4d. \$		48.00			
5.				oominium dues our residence, such as ho	ome equity loans	4a. \$ 5. \$	-	0.00 0.00			

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Debtor 1	Yuliana Y Orozco	Case num	ber (if known)	17-31463
S. Utili	ies:			
6a.	Electricity, heat, natural gas	6a.	\$	0.00
6b.	Water, sewer, garbage collection	6b.	· -	0.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	325.00
6d.	Other. Specify:	6d.	·	0.00
	I and housekeeping supplies	7.	\$	875.00
	dcare and children's education costs	8.	\$	40.00
_	ning, laundry, and dry cleaning	9.	\$	196.00
	onal care products and services	10.	\$	225.00
	cal and dental expenses	11.	·	
	•	11.	Φ	80.00
	sportation. Include gas, maintenance, bus or train fare. ot include car payments.	12.	\$	360.00
	rtainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
	itable contributions and religious donations	14.	·	200.00
i. Insu	<u> </u>	14.	Ψ	200.00
	ot include insurance deducted from your pay or included in lines 4 or 20.			
	Life insurance	15a.	\$	0.00
	Health insurance	15b.	·	0.00
	Vehicle insurance	15c.	·	72.00
	Other insurance. Specify:	15d.	·	0.00
	s. Do not include taxes deducted from your pay or included in lines 4 or 20.	13u.	Ψ	0.00
o. raxe Spe		16.	\$	0.00
	illment or lease payments:		Ψ	0.00
	Car payments for Vehicle 1	17a.	\$	0.00
	Car payments for Vehicle 2	17b.	*	0.00
	Other. Specify:	17b.	·	
		17d.	·	0.00
	Other. Specify:		Ф	0.00
	payments of alimony, maintenance, and support that you did not report as acted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).		\$	0.00
	r payments you make to support others who do not live with you.		\$	0.00
Spe	• • • • • • • • • • • • • • • • • • • •	19.	Ψ	0.00
	r real property expenses not included in lines 4 or 5 of this form or on <i>Sch</i>		our Income	
	Mortgages on other property	20a.		0.00
	Real estate taxes	20b.	·	0.00
	Property, homeowner's, or renter's insurance	20c.	·	0.00
	Maintenance, repair, and upkeep expenses	20d.	·	0.00
	Homeowner's association or condominium dues	20d. 20e.	•	
			·	0.00
	r: Specify: Children's extracurricular activities	21.	· · · · · · · · · · · · · · · · · · ·	35.00
Toll			+\$	20.00
	stickers/tags		+\$	10.00
Ban	king and postage		+\$	3.00
Calc	ulate your monthly expenses			
	Add lines 4 through 21.		\$	3,289.00
	· · · · · · · · · · · · · · · · · · ·		\$ ———	3,209.00
	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		T	
22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	3,289.00
3. Calc	ulate your monthly net income.			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	3,557.00
	Copy your monthly expenses from line 22c above.	23b.	·	3,289.00
230.	oopy your monumy expenses nom line 226 above.	۷۵۵.		3,209.00
230	Subtract your monthly expenses from your monthly income.			
200.	The result is your <i>monthly net income</i> .	23c.	\$	268.00
For e modi	ou expect an increase or decrease in your expenses within the year after y cample, do you expect to finish paying for your car loan within the year or do you expect you increase to the terms of your mortgage?			ease or decrease because of a
ΠY	es. Explain here:			